DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10006533-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

existing first and cole inventor (if only one name is listed below) or an original first and

joint inventor (if plural	names a	ire listed below) of the	subject matter wh	nich is claimed and for which a	
patent is sought on the A SYSTEM AND METH			ri ide		
OPERATING RANGES F	OR A TE	IERMAL INKJET PRINTF	IEAD		
the specification of whi	ich is att				
() was filed on Number	and w	as US Applica as amended on	tion Serial No. or P (if a	CT International Application applicable).	
including the claims, a disclose all information	s amend which is	led by any amendment material to patentability	(s) referred to aboາ	e above-identified specification, ve. I acknowledge the duty to CFR 1.56.	
Foreign Application(s) and/or			0 1 0 4 110 1	(iliti/) for notont or	
inventor(s) certificate listed b	elow and	have also identified below any non which priority is claimed:	foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having a	
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S C. 119	
				YES: NO:	
September 1				YES: NO:	
Provisional Application					
below:	nder Title	35, United States Code Sect	ion 119(e) of any Unite	ed States provisional application(s) listed	
Manager Committee Committe	APF	LICATION SERIAL NUMBER	FILING DATE		

U. S. Priority Claim				d States application(s) listed below and,	
manner provided by the firs information as defined in Tit	t paragrap le 37, Cod	h of Title 35, United States	Code Section 112, I ac tion 1.56(a) which occu	the prior United States application in the knowledge the duty to disclose material urred between the filing date of the prior	
APPLICATION SERIAL NUM	BER	FILING DATE	STATUS	(patented/pending/abandoned)	
POWER OF ATTORNEY: As a named inventor, I he business in the Patent and T			and/or agent(s) to pro	osecute this application and transact all	
Customer Number 022879		022879	Number Bar Code Label here		
Send Correspondence to			Direct Telephor	ne Calls To:	
HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400			Edmond A. DeFrank		
			(818) 832-1945		
Fort Collins, Colorado 8	0527-240	0	(010) 032-134		
made on information a the knowledge that w or both, under Section	and belie villful fals n 1001 c	of are believed to be true te statements and the li	e; and further that t ke so made are pu I States Code and	are true and that all statements these statements were made with nishable by fine or imprisonment, that such willful false statements n.	
Full Name of Inventor: Pa	ul M. Cri	velli	Citizenship: _լ	JS	
Residence: <u>6</u>	606 Lipr	nann Street, San Diego,	CA 92122		
Post Office Address: S	ame Ars	Above	4/4/	01	

Inventor's Signature

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10006533-1

Full Name of # 2 joint inventor:	Maria Dinares	-	Citizenship:	Spain
Residence:				
Post Office Address:	Same as residence			
Inventor's Signature		Date		
Full Name of # 3 joint inventor:	Rosa Maria Gomez		Citizenship:	Spain
Residence:				
Post Office Address:	Same as residence			
Inventor's Signature		- Doto		
inventor o orginataro		Date		
F 11 N			Okinanahina	
Full Name of # 4 joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		 Date		
To the state of th				
Full Name of # 5 joint inventor:	:		Citizenship:	
Residence:			_	
Post Office Address:				
Inventor's Signature		Date		
Target Control of the				
Full Name of # 6 joint inventor			_ Citizenship:_	
Residence:				
Post Office Address:				
Inventor's Signature	,	Date		
		24.0		
Full Name of # 7 joint inventor	•		Citizenship:	
Residence:	•			
Post Office Address:				
Tool office Addition.				
Inventor's Signature		Date		
Full Name of # 8 joint inventor	:		Citizenship:	•
Residence:				
Post Office Address:				
Inventor's Signature				
mventor a signature		Date		

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10006533-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

	names	are listed be			below) or an original, first and ch is claimed and for which a
A SYSTEM AND METH					
OPERATING RANGES F the specification of whi					nakadı
=				~	
Number	_ and v	as vas amended	on	eation Serial No. or PC	T International Application pplicable).
i hereby state that i h including the claims, a disclose all information Foreign Application(s) and/or	s amend which is	ded by any a material to	amendmen	t(s) referred to above	above-identified specification, e. I acknowledge the duty to FR 1.56.
I hereby claim foreign priorit inventor(s) certificate listed b filing date before that of the	elow and	have also identi	fied below a	ny foreign application for p	any foreign application(s) for patent or atent or inventor(s) certificate having a
COUNTRY		APPLICATION	NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
					YES: NO:
J2thre		·			YES: NO:
Provisional Application			·		
below:	nder Title	35, United Stat	es Code Sec	ction 119(e) of any United	States provisional application(s) listed
	APF	LICATION SERIAL N	JMBER	FILING DATE	
TOTAL STATE OF THE					
U.S. Priority Claim			 		
l"hereby claim the benefit us insofar as the subject matter	nder Title	35, United Sta	tes Code, Se f this applica	ection 120 of any United	States application(s) listed below and, prior United States application in the
manner provided by the first	paragrap	h of Title 35, U	Inited States	Code Section 112, Lackr	nowledge the duty to disclose material
information as defined in Titi application and the national of	e 37, Cod	e of Federal Re	gulations, Se	ction 1.56(a) which occur	red between the filing date of the prior
DOTE .				pplication:	
APPLICATION SERIAL NUMB	BER	FILING I	DATE	STATUS (patented/pending/abandoned)	
l appl					
POWER OF ATTORNEY:					
As a named inventor, I her business in the Patent and Tr	eby appoi ademark (int the followin Office connected	g attorney(s) i therewith:) and/or agent(s) to prose	ecute this application and transact all
Customer	Number	022879		Place Customer	
				Number Bar Code Label here	
Send Correspondence to:				Direct Telephone	Calls To:
HEWLETT-PACKARD CO					
Intellectual Property Adm P.O. Box 272400	inistration			Edmond A. DeFra	ank
Fort Collins, Colorado 80527-2400				(818) 832-1945	!
L				······································	
I hereby declare that a	ll stater	nents made	herein of r	my own knowledge a	re true and that all statements
the knowledge that wi	llful fals	i are bellevet e statements	to be true and the l	e; and further that the	ese statements were made with shable by fine or imprisonment,
or both, under Section may jeopardize the vali	1001 o	f Title 18 of	the United	d States Code and th	at such willful false statements
Full Name of inventor: Pau	l M. Criv	velli		Citizenship: US	
		nann Street,	San Diego		
_	me As A				
Inventor's Signature	·			Data	

Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10006533-1

Full Name of # 2 joint inventor:	Maria Dinares	Citizenship: Spain
Residence: MPA	C/CIRALT 1 SERRA	27 35 2ª OBERT-TERRASIA
6 18A	Same as residence	
Tost Office Address:		5-APRIL- 2001
Inventor's Signature		Date
Full Name of # 3 joint inventor		Citizenship: Spain
Residence: RMG	C/JOAN ALCOVER, CA	SA 6A - 08190 SANT CUGAT - BARCELONA
Post Office Address:	Same as residence	
Riowe &	<u>}</u>	5 April 2001
Inventor's Signature		Date
Full Name of # 4 joint inventor	"ŧ	Citizenship:
Residence:		
Post Office Address:		
5		
Inventor's Signature		Date
5 U		
Eull Name of # 5 joint invento	r:	Citizenship:
Residence:		
Post Office Address:		
Post Office Address:		
Inventor's Signature		Date
- San		
Full Name of # 6 joint invento	ır:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	,	Date
Call Manager of # 7 Julya Saranga		Oldranaklas
Full Name of # 7 joint invento)r:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature		Date
Ţ.		
Cull Mame of # 0 !-!-+!		Cidironalia
Full Name of # 8 joint invento	ur:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	OR STATE OF THE ST	Date